

Other Health Programs

County Programs	Services	Who Can Receive Services	Income or Property Limits	Other Insurances Allowed	Costs	Citizenship or Satisfactory Immigration	Contact Information
Alameda County Alliance Healthy Kids	Health, dental, vision, mental health, and prescription benefits	Uninsured children ages 0-18 Residents of Alameda County	Between 0% and 300% of the FIG Property limit does not count	Must not be eligible for no-cost Medi-Cal or Healthy Families	Monthly premium of \$10 per child Co-pay for some services except preventive care	No	Phone: 1-877-371-2222 Website: www.alamedaalliance.org/healthy_kids.html
Colusa County Healthy Kids, Healthy Future	Health, dental, and vision services	Uninsured children ages 0-18 Residents of Colusa County	Between 0% and 300% of the FIG	Must not be eligible for no-cost Medi-Cal or Healthy Families	Monthly premiums of \$4 to \$15 per child to a max of \$45 per family per month \$5 co-payments for some services	No	Phone: 1-530-458-5555
El Dorado County Healthy Kids, Healthy Future	Health, dental, and vision services	Uninsured children ages 0-18 Residents of El Dorado County	Between 0% and 300% of the FIG	Must not be eligible for no-cost Medi-Cal or Healthy Families	Monthly premiums of \$4 to \$15 per child to a max of \$45 per family per month \$5 co-payments for some services	No	Phone: 1-800-388-8690
Fresno County Children's Health Initiative	Health, dental, vision, mental health and prescription benefits	Uninsured children ages 0-18 Residents of Fresno County	Between 0% and 300% of the FIG	Must not be eligible for no-cost Medi-Cal or Healthy Families	Monthly premiums up to \$15 per child to a max of \$45 per family per month	No	Phone: 1-866-459-4545 or 1-559-244-4545

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Kern County Healthy Kids	Health, dental, vision, mental health and prescription benefits	Uninsured children ages 0-19 Residents of Kern County	Between 0% and 300% of the FIG	Must not be eligible for no-cost Medi-Cal or Healthy Families	Monthly premiums of \$5 per child to a max of \$25 per family per month	No	Phone: 1-800-974-2717 ext. 80588 or 1-661-868-0588 Website: www.co.kern.ca.us/health/katch.asp
Los Angeles County Children's Health Initiative	Health, dental, vision, mental health, and prescription benefits	Uninsured children ages 0-18 Residents of Los Angeles County	Between 0% and 300% of the FIG Property limit does not count	Must not be eligible for no-cost Medi-Cal or Healthy Families	Monthly premium of \$0 per child if less than 133% of the FIG; \$4 per child if 133% to 150% of the FIG; \$6 per child if 151% to 300% of the FIG Monthly premium counts for first two children only \$5 co-pay for some service	No	Phone: 1-888-452-5437 Website: www.chigla.org
Merced County Children's Health Initiative	Health, dental, and vision services	Uninsured children ages 0-18 Residents of Merced County	Between 0% and 300% of the FIG	Must not be eligible for no-cost Medi-Cal or Healthy Families	Monthly premiums of \$5 to \$15 per child to a max of \$25 per family per month	No	Phone: 1-800-649-6849
Napa County Healthy Kids	Health, dental and vision services	Uninsured children ages 0-18 Residents of Napa County	Between 0% and 300% of the FIG	Must not be eligible for no-cost Medi-Cal or Healthy Families	Monthly premiums of \$4 to \$15 per child to a max of \$45 per family per month \$5 co-payments for some services	No	Phone: 1-707-227-0830 Website: www.napachi.org

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Orange County Children's Health Initiative	Health, dental, and vision services	Uninsured children ages 0-18 Residents of Orange County	Between 0% and 300% of the FIG	Must not be eligible for no-cost Medi-Cal or Healthy Families	Monthly premiums of \$10 per child	No	Phone: 1-714-246-8737 Website: www.chioc.org
Riverside County Healthy Kids	Health, dental, vision, and prescription benefits	Uninsured children ages 0-19 Residents of Riverside County	Between 0% and 250% of the FIG Property limit does not count	Must not be eligible for no-cost Medi-Cal or Healthy Families	No monthly premium \$5 to \$20 enrollment fee per family \$5 to \$15 co-pay for some services	No	Phone: 1-866-294-IEHP (4347) Website: ww2.iehp.org/IEHP/Membership/Our+Products/Healthy+Kids/
Sacramento County Healthy Kids, Healthy Future	Health, dental, and vision services	Uninsured children ages 0-18 Residents of Sacramento County	Between 0% and 300% of the FIG	Must not be eligible for no-cost Medi-Cal or Healthy Families	Monthly premiums of \$4 to \$15 per child to a max of \$45 per family per month \$5 co-payments for some services	No	Phone: 1-888-531-5437 Website: www.coverthekids.com
San Bernardino County Healthy Kids	Health, dental, vision, and prescription benefits	Uninsured children ages 0-18 Residents of San Bernardino County	Between 0% and 300% of the FIG Property limit does not count	Must not be eligible for no-cost Medi-Cal or Healthy Families	No monthly premium \$20 enrollment fee per family \$5 to \$10 copay for some services	No	Phone: 1-866-294-IEHP (4347) Website: ww2.iehp.org/IEHP/Membership/Our+Products/Healthy+Kids/

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San Francisco County Healthy Kids & Young Adults	Health, dental, vision, mental health, and prescription benefits	Uninsured children ages 0-24 Residents of San Francisco County	Between 0% and 300 % of the FIG Property limit does not count	Must not be eligible for no-cost Medi-Cal or Healthy Families	Monthly premium of \$4 per child \$5 co-pay for some services	No	Phone: 1-415-777-9992 Website: www.sfhp.org/visitors/programs/healthy_kids_young_adults
San Joaquin County Healthy Kids	Health, dental, vision, mental health, and prescription benefits	Uninsured children ages 0-19 Residents of San Joaquin County	Between 0% and 300% of the FIG	Must not be eligible for no-cost Medi-Cal or Healthy Families	Monthly premium of \$5 per child \$10 co-pay for office visits \$20 co-pay for ER	No	Phone: 1-888-936-PLAN (7526) or 1-209-942-6320 Website: www.hpsj.com/english/plans/hk.aspx
San Luis Obispo County Healthy Kids	Health, dental, vision, mental health and prescription benefits	Uninsured children ages 0-18 Residents of San Luis Obispo County	Between 0% and 300% of the FIG	Must not be eligible for no-cost Medi-Cal or Healthy Families Have not been covered by employer sponsored health insurance in the last 3 months	Monthly premiums up to \$15 per child to a max of \$45 per family per month \$5 co-payments for some services (not including preventive or in patient)	No	Phone: 1-805-540-5177 Website: www.slohealthykids.org
San Mateo County Healthy Kids	Health, dental, vision, mental health, and prescription benefits	Uninsured children ages 0-19 Residents of San Mateo County	Between 0% and 400% of the FIG	Must not be eligible for no-cost Medi-Cal or Healthy Families	Monthly premium of \$4 per child up to 150% FIG; \$6 per child if 150% to 250% of the FIG; \$12 per child 250% to 300% of the FIG; and \$20 per child if 300% to 400% of the FIG \$5 co-pay for some services	No	Phone: 1-650-573-3595 Website: www.smcchi.org

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Santa Barbara County Healthy Kids	Health, dental, and vision services	Uninsured children ages 0-18 Residents of Santa Barbara County	Between 0% and 300% of the FIG	Must not be eligible for no-cost Medi-Cal or Healthy Families Have not been covered by employer sponsored health insurance in the last 3 months	Monthly premiums of \$4 to \$36 per child If 9 months are paid in advance, month 10, 11, and 12 are free	No	Phone: 1-800-421-2560 Website: www.doorwaytohealth.org
Santa Clara County Healthy Kids	Health, dental, vision, mental health, and prescription benefits	Uninsured children ages 0-19 Residents of Santa Clara County	Between 0% and 300% of the FIG	Must not be eligible for no-cost Medi-Cal or Healthy Families	Monthly premium of \$4 to \$6 per child to a max of \$12 to \$18 per family Pay 3 months and get 1 month free Co-pay for some services	No	Phone: 1-888-244-5222 Website: www.chikids.org
Santa Cruz County Healthy Kids	Health, dental, vision, and prescription benefits	Uninsured children ages 0-19 Residents of Santa Cruz County	Between 0% and 300% of the FIG	Must not be eligible for no-cost Medi-Cal or Healthy Families	Quarterly premiums of \$12 to \$36 per child to a max of \$54 per family per quarter \$5 co-pay for some services	No	Phone: In Santa Cruz: 1-831-454-2515 In Watsonville: 1-831-763-8568 Website: www.schealthykids.org
Solano County Healthy Kids	Health, dental, and vision services	Uninsured children ages 0-18 Residents of Solano County	Between 0% and 300% of the FIG	Must not be eligible for no-cost Medi-Cal or Healthy Families	Monthly premiums of \$4 to \$15 per child to a max of \$45 per family per month \$5 co-payments for some services	No	Phone: 1-800-978-7547 Website: skip.solanocoalition.org

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Sonoma County Healthy Kids	Health, dental, vision, mental health benefits	Uninsured children ages 0-18 Residents of Sonoma County	Between 0% and 300% of the FIG	Must not be eligible for no-cost Medi-Cal or Healthy Families Have not been covered by employer sponsored health insurance in the last 3 months	Monthly premiums up to \$15 per child to a max of \$45 per family per month \$5 co-payments for some services	No	Phone: 1-800-427-8982 Website: www.healthykidssonomacounty.org
Tulare County Healthy Kids	Health, dental, and vision services	Uninsured children ages 0-18 Residents of Tulare County	Between 0% and 300% of the FIG	Must not be eligible for no-cost Medi-Cal or Healthy Families Have not been covered by employer sponsored health insurance in the last 3 months	Monthly premiums of \$7 to \$15 per child to a max of \$45 per family per month \$5 co-payments for some services (sick child visits, dental visits, eye care visits, and prescriptions)	No	Phone: 1-877-613-5437 Website: www.healthykidstulare.org
Yolo County Healthy Kids	Health, dental, and vision services	Uninsured children ages 0-18 Residents of Yolo County	Between 0% and 300% of the FIG	Must not be eligible for no-cost Medi-Cal or Healthy Families	Monthly premiums of \$4 to \$12 per child to a max of \$45 per family per month	No	Phone: 1-866-607-4030 Website: www.yolohealthykids.org
Yuba County Healthy Kids, Healthy Future	Health, dental, and vision services	Uninsured children ages 0-18 Residents of Yuba County	Between 0% and 300% of the FIG	Must not be eligible for no-cost Medi-Cal or Healthy Families	Monthly premiums of \$4 to \$15 per child to a max of \$45 per family per month \$5 co-payments for some services	No	Phone: 1-530-749-4877

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Access for Infants and Mothers (AIM)	Prenatal visits and hospital delivery Full health care services during pregnancy and 60 days postpartum	Pregnant women who are not more than 30 weeks pregnant (approx. 7 months) at the time of application	Between 200% and 300% of the Federal Income Guidelines (FIG) No property or resource limit	Yes, if the insurance does not cover pregnancy OR there is a maternity deductible of more than \$500	1.5% of the family's gross income	No Note: Need to be a California resident for at least 6 months	Phone: 1-800-433-2611 Website: www.aim.ca.gov/english/AIMHome.asp
Adolescent Family Life Program	Case management services and referral services	Pregnant and parenting teens Females up to age 20 and males up to age 21	No Note: can not have Public Assistance or TANF	Yes	None	No	Phone: 1-916-650-0300 Website: www.mch.dhs.ca.gov/programs/aflp/aflp_facts.htm Email: MCHInet@dhs.ca.gov
Baby Cal	Helps educate women and their families about the importance of prenatal care, practicing healthy behaviors during pregnancy, and the availability of State programs that can help pay for prenatal care services	Public information available to anyone	N/A	N/A	N/A	N/A	Phone: 1-800-BABY-999 Website: www.dhcs.ca.gov/individuals/pages/default.aspx Email: MCHInet@dhs.ca.gov

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Black Infant Health Program	Family support services and resources for early health care intervention	African-American infants and families	None	Yes	None	No	Phone: 1-866-241-0395 1-916-650-0385 Website: www.cdph.ca.gov/programs/BIH/pages/default.aspx Email: MCHInet@dhs.ca.gov
California Children Services (CCS) Program	Diagnosis and treatment of CCS eligible conditions at CCS approved facilities Provides medically necessary care and case management	Children under age 21 who have CCS eligible conditions	Adjusted gross income less than \$40,000 AND Out-of-pocket expenses that are expected to be more than 20% of family income No property or resource limit	Yes	Enrollment fee is based on family size and income	No	Contact the county DHS Children Services branch for more information and to apply Website: www.dhcs.ca.gov/services/ccs/pages/default.aspx Email: MCHInet@dhs.ca.gov

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California Kids	Preventive services	<p>Undocumented children ages 2 to 19</p> <p>CANNOT be eligible for no-cost Medi-Cal or Healthy Families</p>	<p>Between 0% and 250% of the FIG</p> <p>No property or resource limits</p>	<p>Yes, if ...</p> <p>CCS (California Children's Services)</p> <p>OR</p> <p>Have private insurance where the deductible is \$2,000 or more</p>	Premium payment of \$15/month per child, \$45/month for 3 or more children \$5-\$10 co-payment for some service	For undocumented children only	<p>Phone: 1-818-755-9700 for more information or for applications</p> <p>Not available in all counties</p> <p>Website: www.californiakids.org/</p> <p>Email: Julie@californiakids.org</p>
California School Health Centers	<p>Immunizations</p> <p>Health education</p> <p>Case management</p> <p>Prescription drugs</p> <p>Referral to a specialist</p> <p>Treatment for minor injuries, illness and substance abuse</p>	<p>Children attending a school that offers this program</p> <p>Other children or parents in the family</p>	None	Yes	None	No	Call the child's school to see if the school has a health center

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Child Care and Development Program	Develops and funds child care centers and homes Resource and referral services for available child care for all members of the community	Children from birth to age 13	Low income families who are working and receiving public assistance	N/A	May be a cost for this program	No	Phone: 1-916-322-6233 Website: www.cde.ca.gov/sp/cd/op/cdprograms.asp Email: jo@cde.ca.gov
Child Health and Disability Prevention Program (CHDP)	Periodic preventive health screening and immunizations Preventive dental care Based on an age schedule	Children under age 19 who are NOT enrolled in no-cost Medi-Cal or Healthy Families Children enrolled in Head Start or State Preschool Programs	Family income at or below 200% of the Federal Income Guidelines There are no resource limits	Children not covered by Medi-Cal or Healthy Families are eligible to receive CHDP services	None	None	CHDP provider OR contact county DHS Website: www.dhs.ca.gov/pcfh/cms/chdp/ Email: MCHInet@dhs.ca.gov
Comprehensive Perinatal Services Program (CPSP)	Coordinates care in nutritional, health education, and psychosocial services Provides prenatal vitamin/mineral supplements	Medi-Cal eligible pregnant and postpartum women (from conception through 60 days postpartum)	No resource limits Medi-Cal eligible	N/A	None	No	Contact the local county Department of Social Services for more information Ask your Medi-Cal provider for referrals Website: www.cdph.ca.gov/HealthInfo/healthyliving/childfamily/Pages/CPSP.aspx Email: MCHInet@dhs.ca.gov

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Family P.A.C.T. (Family Planning)	Provides family planning services, education, counseling, and treatment to low-income men and women	Must not have insurance that covers family planning or need family planning services kept confidential	California resident at or below 200% of the Federal Income Guidelines	May have Share-of-Cost Medi-Cal	None	No	<p>Phone: 1-800-942-1054 for a local Family PACT provider</p> <p>Website: www.dhs.ca.gov/pcfh/ofp/Programs/FamPACT/default.htm</p> <p>Email: MCHInet@dhs.ca.gov</p>
Head Start	<p>Comprehensive child development program which serves children from birth to age 5, pregnant women, and their families</p> <p>Provides educational, social, medical, dental, nutrition, early child development, and mental health services</p>	Low-income children from birth to entry into elementary school and their families	Low-income	N/A	Yes	No	<p>Phone: 1-916-444-7760 for more information or for applications</p> <p>Website: http://caheadstart.org/index.html</p>
Healthy Families	<p>Provides medical, dental, and vision services</p> <p>Provides educational, social, medical, dental, nutrition, early child development, and mental health services</p>	<p>Children under age 19 who are NOT eligible for no-cost Medi-Cal</p> <p>Children who have not had employer sponsored insurance within the last 90 days</p>	Families under the 250% FIG and who are NOT eligible for no-cost Medi-Cal	No employer sponsored insurance with some exceptions.	<p>Monthly premium (\$4-\$15 per child with max of \$45)</p> <p>AND</p> <p>\$5 co-payment for some services</p>	Yes	<p>Phone: 1-888-747-1222 – (Outreach) 1-800-880-5305 – (Information)</p> <p>Website: www.healthyfamilies.ca.gov</p> <p>Email: HealthyFamilies@MAXIMUS.com</p>

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Healthy Start	Health, social, and academic services provided through schools and their collaborating partners to support the learning environment of children	Children and families	None	Yes	None	No	<p>Phone: 1-916-319-0914 or Contact the children's school for more information</p> <p>Website: www.cde.ca.gov/ls/pf/hs/</p> <p>Email: Healthystart@cde.ca.gov</p>
Kaiser Permanente Child Health Plan	Comprehensive medical (inpatient and outpatient), dental, vision, mental health, and substance abuse services	Uninsured children ages birth to 19	<p>Families between the 0% and 300% of the FIG</p> <p>Resource limit does not count</p>	<p>Not eligible for no-cost Medi-Cal or Healthy Families</p> <p>No employer sponsored health insurance</p>	<p>Monthly premium of \$8 or \$15 per child to a max of \$24 to \$45 per family</p> <p>\$5 co-payment for some services</p> <p>\$35 co-payment for ER</p>	No	<p>Phone: 1-800-255-5053 or 1-800-464-4000</p> <p>Website: http://ckp.kp.org/locations/california/mod65/mod65-index.html</p>

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Major Risk Medical Insurance Program	Hospitalization Pregnancy and Maternity Care Emergency Health Care Mental Health Services Skilled Nursing Facilities Ambulance Physical/Occupational/Speech Therapy	For those individuals unable to obtain any public or private health coverage due to pre-existing conditions Must be a California resident	None	No	Yes Call the specific program for more details	No	Phone: 1-800-289-6574 for more information Website: www.mrmib.ca.gov/MRMIB/MRMIP.html
Maternal, Adolescent, and Child Health	Information and referrals regarding access to prenatal care	Public information available to anyone	None	No	No	N/A	Phone: 1-866-241-0395 Website: www.mch.dhs.ca.gov/
Medi-Cal for Adults	Primary and specialty care Health, dental, vision, and mental health services Hospitalization Prescription drugs	Persons who are: Age 65 or older Pregnant woman Legally blind or disabled Or have: Breast or Cervical Cancer Tuberculosis	Under the 100% FIG for no-cost Medi-Cal Some resources are counted	Yes	May be a cost depending on the family size and income	Yes, for full coverage Emergency or Restricted Medi-Cal is available to those without documentation	Apply at local county Department of Social Services Phone: 1-800-541-5555 Website: www.medi-cal.ca.gov/

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Medi-Cal for Children	Primary and specialty care Health, dental, vision, and mental health services Hospitalization Prescription drugs	Children under age 21	Ages 0-1 under the 200% FIG Ages 1-5 at or below 133% of the FIG Ages 6 and up at or below 100% of the FIG No property limits	Yes	No, if under the income guidelines Families exceeding the income guidelines may be eligible for Healthy Families or may have a Share-of-Cost	Yes, for full-scope no-cost Medi-Cal Restricted (or Emergency) Medi-Cal is available to undocumented children	Phone: Contact local county office Website: www.medi-cal.ca.gov/
Medi-Cal for Families (1931B)	Primary and specialty care Health, dental, vision, and mental health services Hospitalization Prescription drugs	Parents or caretakers Children under age 21	At or below 100% of the FIG	Yes	No	Yes	Apply at the local county Department of Social Services Website: www.medi-cal.ca.gov/
Women, Infants, and Children (WIC)	Specific supplemental nutritious food and nutrition education Medical referrals Information about breastfeeding	Low-income women who are pregnant or breastfeeding Postpartum women Children under age 5 who have a nutritional risk	Income is at or below 185% of the FIG Under 200% of the FIG if enrolled in no-cost Medi-Cal No property limits	Yes	None	No	Phone: 1-888-WIC-WORKS (1-888-942-9675) Website: www.wicworks.ca.gov/

NOTE: Must be able to prove residency in the State of California to be eligible for the programs listed in this table.